## Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this ar amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:                                       | Identify Yourself   |  |   |
|----|---|---|--|---|
|    |   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You   | ır full name  |  |   |
|    | Writ  | e the name that is on   | Carmalita                                |   |
|    | picture identification example, your driver |   | First name                               | First name                                    |
|    | licer                                       | nse or passport).   | Middle name                              | Middle name                                   |
|    | Brin  | g your picture  | Gipson                                   |   |
|    | mee   | ntification to your eting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|    |   |   |  |   |
| 2. |   | other names you have<br>d in the last 8 years   |  |   |
|    |   | ude your married or<br>den names.   |  |   |
| 3. | you<br>nun<br>Indi                          | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number | xxx-xx-4277                              |   |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 2 of 60

Case number (if known)

Debtor 1 Carmalita Gipson

|    |   | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  |   | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | - | Business name(s)   |
|    |   | EINs  | - | EINs   |
| 5. | Where you live  | 7040 C Michigan Aut 4   |   | If Debtor 2 lives at a different address:  |
|    |   | 7818 S Michigan, Apt 1 Chicago, IL 60619 Number, Street, City, State & ZIP Code   | - | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |   | Number, Street, City, State & ZIP Code   |
|    |   | County  | - | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | - | Number, P.O. Box, Street, City, State & ZIP Code   |
| ò. | Why you are choosing this district to file for  | Check one:  |   | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |   |  |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 3 of 60

Case number (if known) Debtor 1 Carmalita Gipson

| ar  | Tell the Court About  | Your Ba   | ankruptcy Ca                     | ise                                       |   |   |                  |
|-----|---|---|----------------------------------|---|---|---|------------------|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                  |   |   |   |                  |
|     | choosing to file under  | ☐ Cr  | napter 7                         |   |   |   |                  |
|     |   | ☐ Ch  | napter 11                        |   |   |   |                  |
|     |   | ☐ Ch  | napter 12                        |   |   |   |                  |
|     |   | ■ Ch  | napter 13                        |   |   |   |                  |
|     |   |   |                                  |   |   |   |                  |
| 3.  | How you will pay the fee  |   | about how yo                     | u may pay. Typi<br>attorney is subm       | cally, if you are paying the fee y                                  | ck with the clerk's office in your local court fo<br>yourself, you may pay with cash, cashier's che<br>half, your attorney may pay with a credit card   | eck, or money    |
|     |   |   |                                  |   | allments. If you choose this opt (Official Form 103A).              | ion, sign and attach the Application for Individ  | duals to Pay     |
|     |   |   | but is not req<br>applies to you | uired to, waive y<br>ur family size and   | our fee, and may do so only if y<br>d you are unable to pay the fee | on only if you are filing for Chapter 7. By law, our income is less than 150% of the official p in installments). If you choose this option, you icial Form 103B) and file it with your petition. | overty line that |
|     |   |   | aro y approduc                   | m to mave the C                           | napter / / ming / ee valvea (en                                     | iolari omi 1005, and mo k with your polition.   |                  |
| 9.  | Have you filed for bankruptcy within the  | ■ No  |                                  |   |   |   |                  |
|     | last 8 years?   | ☐ Ye  |                                  |   |   |   |                  |
|     |   |   | District                         |   | When  |   |                  |
|     |   |   | District                         |   | When  | Case number   |                  |
|     |   |   | District                         |   | When  | Case number   |                  |
| 10. | Are any bankruptcy  | ■ No  |                                  |   |   |   |                  |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an | ☐ Ye  | S.                               |   |   |   |                  |
|     | affiliate?  |   |                                  |   |   |   |                  |
|     |   |   | Debtor                           |   |   | Relationship to you   |                  |
|     |   |   | District                         |   | When  | Case number, if known   |                  |
|     |   |   | Debtor                           |   |   | Relationship to you   |                  |
|     |   |   | District                         |   | When  | Case number, if known   |                  |
| 11. | Do you rent your residence?   | ■ No  |                                  |   |   |   |                  |
|     |   | ☐ Ye  | s. Has yo                        | ur landlord obtai                         | ned an eviction judgment again                                      | st you and do you want to stay in your reside   | nce?             |
|     |   |   |                                  | No. Go to line 1                          | 2.  |   |                  |
|     |   |   |                                  | Yes. Fill out <i>Init</i> bankruptcy peti |   | Judgment Against You (Form 101A) and file   | it with this     |
|     |   |   |                                  |   |   |   |                  |

| Debtor 1 | Carmalita Gipson | Document | Page 4 of 60 | Case number (if known) |  |
|----------|------------------|----------|--------------|------------------------|--|
|          |                  |          |              |                        |  |

| Part | Report About Any Bu   | sinesses               | You Own  | as a Sole Proprieto                  | or   |  |  |
|------|---|------------------------|--|--------------------------------------|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.                              |  |  |  |
|      |   | ☐ Yes.                 | ☐ Yes. Name and location of business   |                                      |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | of business, if any                  |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb   | er, Street, City, State              | e & ZIP Code   |  |  |
|      | it to this petition.  |                        | Checi  | k the appropriate box                | to describe your business:   |  |  |
|      |   |                        |  | Health Care Busine                   | ess (as defined in 11 U.S.C. § 101(27A))   |  |  |
|      |   |                        |  | Single Asset Real I                  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |
|      |   |                        |  | Stockbroker (as de                   | fined in 11 U.S.C. § 101(53A))   |  |  |
|      |   |                        |  | Commodity Broker                     | (as defined in 11 U.S.C. § 101(6))   |  |  |
|      |   |                        |  | None of the above                    |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). |                                      |  |  |  |
|      | For a definition of small   | ■ No.                  | I am r   | ot filing under Chapt                | er 11.   |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |                                      |  |  |  |
|      |   | ☐ Yes.                 | I am f   | iling under Chapter 1                | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Part | 4: Report if You Own or   | Have Any               | Hazardo  | ous Property or Any                  | Property That Needs Immediate Attention  |  |  |
| 14.  | Do you own or have any  | ■ No.                  |  |                                      |  |  |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                 | What is  | the hazard?                          |  |  |  |
|      | public health or safety? Or do you own any property that needs immediate attention?   |                        |  | liate attention is why is it needed? |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | s the property?                      | Number, Street, City, State & Zip Code   |  |  |
|      |   |                        |  |                                      |  |  |  |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 5 of 60

Debtor 1 Carmalita Gipson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 6 of 60

| Deb  | tor 1 Ca   | rmalita Gipson                            |  | Document   | age o or t                              | Case number (if         | known)  |  |
|------|--|---|--|--|---|-------------------------|---|--|
| Part | 6: Ans   | wer These Questi                          | ons for R  | eporting Purposes  |   |                         |   |  |
| 16.  | What kin   | d of debts do<br>?                        | 16a.   | Are your debts primarily consumindividual primarily for a persona          |   |                         | l in 11 U.S.C. § 101(8) as "incurred by an                                      |  |
|      |  |   |  | ☐ No. Go to line 16b.  |   |                         |   |  |
|      |  |   |  | Yes. Go to line 17.  |   |                         |   |  |
|      |  |   | 16b.   | Are your debts primarily busin money for a business or investment          |   |                         |   |  |
|      |  |   |  | ☐ No. Go to line 16c.  |   |                         |   |  |
|      |  |   |  | ☐ Yes. Go to line 17.  |   |                         |   |  |
|      |  |   | 16c.   | State the type of debts you owe t  | that are not consume                    | r debts or business d   | ebts  |  |
| 17.  | Are you t  | iling under<br>7?                         | ■ No.  | I am not filing under Chapter 7. G   | Go to line 18.                          |                         |   |  |
|      | after any  | stimate that<br>exempt<br>is excluded and | ☐ Yes.   | I am filing under Chapter 7. Do yo are paid that funds will be available   |   |                         | r is excluded and administrative expenses                                       |  |
|      | administrative expenses are paid that funds will |   | □ No   |  |   |                         |   |  |
|      | be availa  |   |  | □Yes   |   |                         |   |  |
|      | distributi<br>creditors                          | on to unsecured ?                         |  |  |   |                         |   |  |
| 18.  | How many Creditors do                            |   | 1-49   |  | <b>1</b> ,000-5,000                     |                         | ☐ 25,001-50,000   |  |
|      | you estir owe?                                   | you estimate that you owe?                | □ 50-99  |  | ☐ 5001-10,000                           |                         | ☐ 50,001-100,000  |  |
|      |  |   | ☐ 100-1<br>☐ 200-9   |  | □ 10,001-25,000                         |                         | ☐ More than100,000  |  |
| 19.  |  | How much do you                           | <b>\$0 - \$</b>  | 50.000   | □ \$1,000,001 - \$                      | 10 million              | □ \$500,000,001 - \$1 billion   |  |
|      | estimate<br>be worth                             | your assets to<br>?                       | □ \$50,0   | 01 - \$100,000   | □ \$10,000,001 - 3                      |                         | □ \$1,000,000,001 - \$10 billion  |  |
|      |  |   |  | 001 - \$500,000<br>001 - \$1 million                                       | □ \$50,000,001 - 3<br>□ \$100,000,001 - | •                       | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                      |  |
|      |  |   | <b>ப</b> \$500,  | oot - \$1 million  |   |                         |   |  |
| 20.  | How muc  |   | <b>\$0 - \$</b>  | 50,000   | <b>1</b> \$1,000,001 - \$               |                         | □ \$500,000,001 - \$1 billion   |  |
|      | to be?   | your liabilities                          |  | 01 - \$100,000   | □ \$10,000,001 - 3                      |                         | \$1,000,000,001 - \$10 billion  |  |
|      |  |   |  | 001 - \$500,000<br>001 - \$1 million                                       | □ \$50,000,001 - 3<br>□ \$100,000,001 - |                         | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                      |  |
|      |  |   | <b>—</b> \$500,  | OOT - \$1 Million  |   |                         |   |  |
| Part | 7: Sign  | Below                                     |  |  |   |                         |   |  |
| For  | you  |   | I have ex  | amined this petition, and I declare  | under penalty of per                    | jury that the informati | on provided is true and correct.  |  |
|      |  |   |  | chosen to file under Chapter 7, I a<br>tates Code. I understand the relief |   |                         | der Chapter 7, 11,12, or 13 of title 11,<br>se to proceed under Chapter 7.      |  |
|      |  |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |                         |   |  |
|      |  |   | I request  | relief in accordance with the chap   | eter of title 11, United                | States Code, specifie   | ed in this petition.  |  |
|      |  |   | bankrupt<br>and 3571   | cy case can result in fines up to \$2                                      |   |                         | roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519 |  |
|      |  |   |  | nalita Gipson<br>ita Gipson  |   | Signature of Debtor 2   |   |  |
|      |  |   |  | e of Debtor 1  | J                                       | g                       |   |  |
|      |  |   | Executed   |  | E                                       | executed on             | D ()000/  |  |
|      |  |   |  | MM / DD / YYYY   |   | MM / L                  | DD / YYYY   |  |

Debtor 1 Carmalita Gipson Document Page 7 of 60 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Julie Gleason                      | Date          | May 19, 2017       |  |
|--|---------------|--------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY     |  |
| India Olassan                          |               |                    |  |
| Julie Gleason                          |               |                    |  |
| Printed name                           |               |                    |  |
| Gleason & Gleason                      |               |                    |  |
| Firm name                              |               |                    |  |
| 77 W Washington, Ste 1218              |               |                    |  |
| Chicago, IL 60602                      |               |                    |  |
| Number, Street, City, State & ZIP Code |               |                    |  |
| Contact phone (312) 578-9530           | Email address | troy@chicagobk.com |  |
| 6273536                                |               |                    |  |
| Bar number & State                     |               | <del></del>        |  |

|                     |                         | 1700.11110        | tii Paut o ui oi |  |
|---------------------|-------------------------|-------------------|------------------|--|
| Fill in this inform | mation to identify your | case:             |                  |  |
| Debtor 1            | Carmalita Gipsor        | 1                 |                  |  |
|                     | First Name              | Middle Name       | Last Name        |  |
| Debtor 2            |                         |                   |                  |  |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name        |  |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                         |                   |                  |  |
| (if known)          |                         |                   |                  |  |
| ,                   |                         |                   |                  |  |
|                     |                         |                   |                  |  |

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as<br>Value o | ssets<br>of what you own      |
|-----|--|--------------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$                 | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 18,700.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 18,700.00                     |
| Pai | t 2: Summarize Your Liabilities  |                    |                               |
|     |  |                    | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 22,503.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 20,326.00                     |
|     | Your total liabilities   | \$                 | 42,829.00                     |
| Pai | t 3: Summarize Your Income and Expenses  |                    |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 2,516.84                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 1,966.00                      |
| Pai | 4: Answer These Questions for Administrative and Statistical Records   |                    |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch       | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |                    |                               |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Case 17-15609 Document

Page 9 of 60 Case number (if known) Debtor 1 Carmalita Gipson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

884.58

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim      |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |          |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$       | 8,598.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 8,598.00 |

|                                | ase 17-13009 DOC  | Documen                                |                                    | 717 12. <del>4</del> 0.13 DC             | SC Main  |
|--------------------------------|---|--|------------------------------------|--|--|
| ill in this info               | rmation to identify your case   |  |                                    |  |  |
| Debtor 1                       | Carmalita Gipson  |  |                                    |  |  |
|                                | First Name  | Middle Name                            | Last Name                          |  |  |
| Debtor 2<br>Spouse, if filing) | First Name  | Middle Name                            | Last Name                          |  |  |
| -                              | Bankruptcy Court for the: NOF   | RTHERN DISTRICT OF                     | SILLINOIS                          |  |  |
| mileo States E                 | sankrupicy Court for the: NO  | KIHEKN DISTRICT OF                     | ILLINOIS                           |  |  |
| Case number                    |   |  |                                    |  | ☐ Check if this is ar                                |
|                                |   |  |                                    |  | amended filing                                       |
|                                |   |  |                                    |  |  |
| Official F                     | orm 106A/B  |  |                                    |  |  |
| Schedu                         | le A/B: Proper  | ty                                     |                                    |  | 12/15  |
| ink it fits best.              | separately list and describe item<br>Be as complete and accurate as<br>ore space is needed, attach a sep<br>estion. | possible. If two married               | people are filing together, both a | re equally responsible for su            | applying correct                                     |
| Part 1: Describ                | e Each Residence, Building, Lan   | d, or Other Real Estate Y              | ou Own or Have an Interest In      |  |  |
| Do you own o                   | r have any legal or equitable inte  | rest in any residence, bui             | Iding, land, or similar property?  |  |  |
| ■ No. Go to P                  | o# 0  |  |                                    |  |  |
| _                              |   |  |                                    |  |  |
| ☐ res. where                   | e is the property?  |  |                                    |  |  |
| Part 2: Describ                | e Your Vehicles   |  |                                    |  |  |
| Cars, vans, t □ No ■ Yes       | trucks, tractors, sport utility v   | vehicles, motorcycles                  |                                    |  |  |
| 3.1 Make:                      | Lexus   | Who has an interes                     | t in the property? Check one       | Do not deduct secured c                  | laims or exemptions. Put                             |
| Model:                         | GS350   | Debtor 1 only                          | Till tile property? Check one      |  | ed claims on Schedule D: ims Secured by Property.    |
| Year:                          | 2008  | Debtor 2 only                          |                                    | Current value of the                     | Current value of the                                 |
| Approxim                       | ate mileage: 83,000   | Debtor 1 and Deb                       | otor 2 only                        | entire property?                         | portion you own?                                     |
| Other info                     |   | At least one of the                    | e debtors and another              |  |  |
| NADA \                         | /alue   | Check if this is of (see instructions) | community property                 | \$14,775.00                              | \$14,775.00  |
| O.O. Malaa                     | GMC   | W                                      | ( in the manufacture of            | Do not deduct secured c                  | laims or exemptions. Put                             |
| 3.2 Make:                      | Savana  | · _                                    | t in the property? Check one       | the amount of any secure                 | ed claims on Schedule D:<br>ims Secured by Property. |
| Model:<br>Year:                | 1999  | ■ Debtor 1 only □ Debtor 2 only        |                                    |  |  |
|                                | ate mileage: 170,000  |  | otor 2 only                        | Current value of the<br>entire property? | Current value of the<br>portion you own?             |
| Other info                     |   |  | e debtors and another              |  |  |
| NADA \                         | /alue   | Check if this is o                     | community property                 | \$1,625.00                               | \$1,625.00   |
|                                | aircraft, motor homes, ATVs a<br>ats, trailers, motors, personal v  |  |                                    |  |  |

Official Form 106A/B Schedule A/B: Property page 1

|                       | Case 17-1   | 5609         | Doc 1                    | Filed 05/19/17<br>Document                     | Entered 05/19/17 12:48:15<br>Page 11 of 60      | Desc Main   |
|-----------------------|---|--------------|--------------------------|--|---|---|
| Debtor 1              | Carmalita Gip   | son          |                          |  | Case number (if known                           | n)  |
|                       |   |              |                          |  | om Part 2, including any entries for            | \$16,400.00   |
| Part 3: D             | escribe Your Persona  | al and Hou   | sehold Items             | <b>s</b>                                       |   |   |
| Do you o              | own or have any leg   | gal or equ   | itable intere            | est in any of the follow                       | ing items?                                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> l<br>□ No | hold goods and fur<br>bles: Major appliance<br>s. Describe            |              |                          | nina, kitchenware                              |   |   |
|                       |   |              | ousehold (<br>hairs, sof |  | niture, kitchen appliances,                     | \$1,200.00  |
| □ No                  | ples: Televisions and   |              |                          | stereo, and digital equip<br>ia players, games | ment; computers, printers, scanners; music      | collections; electronic devices   |
|                       |   |              | onsumer E<br>Video Play  |  | g TV's, Phones, Computers,                      | \$500.00  |
| Examp                 | tibles of value<br>oles: Antiques and fig<br>other collection         |              |                          |  | oks, pictures, or other art objects; stamp, coi | n, or baseball card collections;  |
| Examp<br>■ No         | ment for sports and ples: Sports, photogramusical instrumts. Describe | raphic, exe  |                          | other hobby equipment; I                       | picycles, pool tables, golf clubs, skis; canoe  | s and kayaks; carpentry tools;  |
| ■ No                  | mples: Pistols, rifles,   | shotguns,    | ammunition               | n, and related equipment                       |   |   |
| ☐ Yes                 | s. Describe   |              |                          |  |   |   |
| Exan<br>□ No<br>-     |   | hes, furs, l | leather coats            | s, designer wear, shoes,                       | accessories                                     |   |
|                       |   | Used Cl      | othing                   |  |   | \$400.00  |
| ■ No                  |   | elry, costu  | me jewelry,              | engagement rings, wedd                         | ding rings, heirloom jewelry, watches, gems,    | , gold, silver  |
|                       | farm animals<br>nples: Dogs, cats, bi                                 | rds, horse   | s                        |  |   |   |
|                       | s. Describe   |              |                          |  |   |   |
| 14. <b>Any c</b> ■ No | other personal and  | househol     | ld items you             | u did not already list, ir                     | ncluding any health aids you did not list       |   |

|        | Case 17-   | 15609   | Doc 1 F                  | Filed 05/19/17<br>Document                                    | Entered 05/19/17 12:48:15<br>Page 12 of 60  | Desc Main   |
|--------|--|---|--------------------------|---|---|---|
| Debt   | or 1 Carmalita G   | ipson   |                          | Bocament  | Case number (if known)  |   |
|        | Yes. Give specific inf   | formation   |                          |   |   |   |
|        | Add the dollar value for Part 3. Write that  |   |                          |   | any entries for pages you have attached   | \$2,100.00  |
| Part 4 | 4: Describe Your Finan   | ncial Assets                                      |                          |   |   |   |
|        | ou own or have any l   |   | table interest           | in any of the follow  | ving?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|        |  | -   | -                        |   | osit box, and on hand when you file your petiti                                       | on  |
|        |  |   |                          |   | Cash on Hand  | \$100.00  |
|        |  |   |                          | ccounts; certificates<br>nts with the same ins<br>Institution |   | nouses, and other similar   |
|        |  | 17.1. <b>C</b>                                    | hecking                  | Chase   |   | \$100.00  |
|        |  | 17.2. <b>P</b>                                    | repaid                   | Rush Ca   | rd  | \$0.00  |
|        | Bonds, mutual funds,<br>Examples: Bond funds<br>No   | , investment a                                    | accounts with I          | brokerage firms, mo   | ney market accounts   |   |
|        | Yes  | Ins   | titution or issue        | er name:  |   |   |
| j      | lon-publicly traded stooms to the contract of the conture of the conture of the contract of th | tock and inte                                     | erests in inco           | rporated and uninc  | orporated businesses, including an interes  | t in an LLC, partnership, and   |
|        | Yes. Give specific inf   |   | out them<br>of entity:   |   | % of ownership:   |   |
| <br>   | Negotiable instruments   | s include pers                                    | onal checks, c           | cashiers' checks, pro   | egotiable instruments missory notes, and money orders. by signing or delivering them. |   |
|        | Yes. Give specific info  | ormation abo<br>Issuer                            |                          |   |   |   |
| _!     | Retirement or pension<br>Examples: Interests in<br>No  |   | Keoah. 401(k)            | 403(b) thrift saving  | gs accounts, or other pension or profit-sharing                                       | plans   |
|        |  |   |                          | , 400(b), tillit saviit                                       | gs accounts, or other pension or pront-snaming  |   |
|        | Yes. List each accour  |   |                          | Institution   |   |   |
| 1      | Security deposits and<br>Your share of all unuse   | nt separately. Type of a prepaymented deposits ye | ccount:  ts ou have made | Institution so that you may cor                               |   | nies, or others   |

Official Form 106A/B Schedule A/B: Property page 3

|    |               | Case 17-15609  | Doc 1                          | Filed 05/19/17<br>Document                        | Entered 05/19/17 12:48:15<br>Page 13 of 60          | Desc Main  |
|----|---------------|--|--------------------------------|---|---|--|
| D  | ebtor 1       | Carmalita Gipson   |                                | Document  | Case number (if known)                              |  |
| 23 | Annuitie      | es (A contract for a periodi   | c payment of                   | money to you, either for                          | life or for a number of years)                      |  |
|    | ☐ Yes         | Issuer name  | and descripti                  | on.   |   |  |
| 24 |               | s in an education IRA, in<br>E. §§ 530(b)(1), 529A(b), an                    |                                | n a qualified ABLE pro                            | gram, or under a qualified state tuition pro        | gram.  |
|    | ☐ Yes         | Institution na   | ame and desc                   | ription. Separately file th                       | e records of any interests.11 U.S.C. § 521(c):      |  |
| 25 | ■ No          | equitable or future intere   |                                | rty (other than anythin                           | g listed in line 1), and rights or powers exe       | rcisable for your benefit  |
| 26 |               | , copyrights, trademarks<br>es: Internet domain names                        |                                |   |   |  |
|    | ☐ Yes.        | Give specific information a  | bout them                      |   |   |  |
| 27 |               | s, franchises, and other es: Building permits, exclu                         |                                |   | n holdings, liquor licenses, professional license   | es   |
|    |               | Give specific information a  | bout them                      |   |   |  |
| M  | oney or p     | roperty owed to you?   |                                |   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28 | Tax refu      | ınds owed to you   |                                |   |   |  |
|    | ■ No □ Yes. 0 | Sive specific information at   | oout them, inc                 | luding whether you alrea                          | ady filed the returns and the tax years             |  |
| 29 | ■ No          |  |                                | usal support, child suppo                         | ort, maintenance, divorce settlement, property      | settlement   |
|    |               |  |                                |   |   |  |
| 30 | Example ■ No  | benefits; unpaid loans   | ty insurance p                 |   | efits, sick pay, vacation pay, workers' compen      | sation, Social Security  |
|    |               | Give specific information  |                                |   |   |  |
| 31 |               | s in insurance policies<br>es: Health, disability, or life                   | e insurance; h                 | ealth savings account (I                          | HSA); credit, homeowner's, or renter's insuran      | ce   |
|    |               | lame the insurance compa<br>Com  | any of each po<br>pany name:   | olicy and list its value.                         | Beneficiary:  | Surrender or refund value:   |
| 32 | If you a      | erest in property that is d<br>re the beneficiary of a livin<br>ne has died. | lue you from<br>g trust, expec | someone who has die<br>t proceeds from a life in: | d surance policy, or are currently entitled to rece | ive property because   |
|    | ☐ Yes. (      | Give specific information  |                                |   |   |  |
| 33 | Example ■ No  | against third parties, who es: Accidents, employmen                          | t disputes, ins                |   | t or made a demand for payment to sue               |  |

|              | Case 17-15609  | Doc 1              | Filed 05/19/17           |                       | 5/19/17 12:48:15            | Desc Main        |
|--------------|--|--------------------|--------------------------|-----------------------|-----------------------------|------------------|
| Debt         | or 1 Carmalita Gipson  |                    | Document                 | Page 14 of            | Case number (if known)      |                  |
| -            | ther contingent and unliquidate No Yes. Describe each claim        |                    | very nature, includin    | g counterclaims o     | of the debtor and rights to | set off claims   |
| 35. <b>A</b> | ny financial assets you did no                                     | t already list     |                          |                       |                             |                  |
| _            | No   |                    |                          |                       |                             |                  |
|              | Yes. Give specific information                                     |                    |                          |                       |                             |                  |
|              | Add the dollar value of all of your part 4. Write that number h    |                    | , ,                      | , , ,                 | ,                           | \$200.00         |
| Part 5       | : Describe Any Business-Related                                    | l Property You O   | wn or Have an Interest I | n. List any real esta | te in Part 1.               |                  |
| 37. <b>D</b> | you own or have any legal or equ                                   | itable interest in | any business-related pr  | operty?               |                             |                  |
|              | No. Go to Part 6.  |                    |                          |                       |                             |                  |
|              | es. Go to line 38.   |                    |                          |                       |                             |                  |
|              |  |                    |                          |                       |                             |                  |
| Part (       | If you own or have an interest in fa                               |                    |                          | n or Have an Interes  | t In.                       |                  |
| 46. <b>D</b> | o you own or have any legal o                                      | r equitable inte   | rest in any farm- or o   | commercial fishin     | g-related property?         |                  |
| I            | No. Go to Part 7.  |                    |                          |                       |                             |                  |
| I            | Yes. Go to line 47.  |                    |                          |                       |                             |                  |
| Part 7       | Describe All Property You  | Own or Have an     | Interest in That You Did | Not List Above        |                             |                  |
| I            | o you have other property of a<br>Examples: Season tickets, countr |                    |                          |                       |                             |                  |
|              | No   |                    |                          |                       |                             |                  |
| Ш            | Yes. Give specific information                                     |                    |                          |                       |                             |                  |
| 54.          | Add the dollar value of all of y                                   | our entries fron   | m Part 7. Write that n   | umber here            |                             | \$0.00           |
| Part 8       | : List the Totals of Each Part                                     | of this Form       |                          |                       |                             |                  |
| 55.          | Part 1: Total real estate, line 2                                  |                    |                          |                       |                             | \$0.00           |
| 56.          | Part 2: Total vehicles, line 5                                     |                    |                          | \$16,400.00           |                             |                  |
| 57.          | Part 3: Total personal and hou                                     | sehold items, l    | ine 15                   | \$2,100.00            |                             |                  |
|              | Part 4: Total financial assets, I                                  |                    |                          | \$200.00              |                             |                  |
|              | Part 5: Total business-related                                     |                    |                          | \$0.00                |                             |                  |
|              | Part 6: Total farm- and fishing                                    |                    |                          | \$0.00                |                             |                  |
| 61.          | Part 7: Total other property no                                    | t listed, line 54  | +                        | \$0.00                |                             |                  |
| 62.          | Total personal property. Add li                                    | nes 56 through (   | 61                       | \$18,700.00           | Copy personal property to   | otal \$18,700.00 |
| 63.          | Total of all property on Sched                                     | ule A/B. Add line  | e 55 + line 62           |                       |                             | \$18,700.00      |

Official Form 106A/B Schedule A/B: Property page 5

|   |                          | I A A A A I I I I I I I |             |  |
|---|--------------------------|-------------------------|-------------|--|
| Fill in this info                       | rmation to identify your | case:                   |             |  |
| Debtor 1                                | Carmalita Gipsor         | 1                       |             |  |
|   | First Name               | Middle Name             | Last Name   |  |
| Debtor 2                                |                          |                         |             |  |
| (Spouse if, filing)                     | First Name               | Middle Name             | Last Name   |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT       | OF ILLINOIS |  |
| Case number                             |                          |                         |             |  |
| (if known)                              |                          |                         |             |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the<br>portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|---|---|-----------------------------------|---|------------------------------------|--|
|   | Copy the value from<br>Schedule A/B     | Che                               | ck only one box for each exemption.                             |                                    |  |
| 2008 Lexus GS350 83,000 miles<br>NADA Value   | \$14,775.00                             |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Line from Schedule A/B: 3.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. Household Goods (bedroom  | \$1,200.00                              |                                   | \$1,200.00  | 735 ILCS 5/12-1001(b)              |  |
| furniture, kitchen appliances, tables, chairs, sofas, etc.) Line from Schedule A/B: 6.1 |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. Consumer Electronics<br>(Including TV's, Phones, Computers,                       | \$500.00                                |                                   | \$500.00  | 735 ILCS 5/12-1001(b)              |  |
| Games, Video Players) Line from Schedule A/B: 7.1                                       |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Clothing Line from Schedule A/B: 11.1  | \$400.00                                |                                   | 100%  | 735 ILCS 5/12-1001(a)              |  |
| Ellie Holli Genedale AVB. TTT   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash on Hand Line from Schedule A/B: 16.1   | \$100.00                                |                                   | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
| Line nom <i>Schedule AVD</i> . 10.1   |   |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Filed 05/19/17 Case 17-15609 Entered 05/19/17 12:48:15 Document Page 16 of 60 Debtor 1 Carmalita Gipson Case number (if known) Brief description of the property and line on *Schedule A/B* that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Prepaid: Rush Card 735 ILCS 5/12-1001(b) \$0.00 \$0.00

|    | Line from Schedule A/B: 17.2  |                              | 100% of fair market value, up to any applicable statutory limit |
|----|---|------------------------------|---|
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No |                              | iled on or after the date of adjustment.                        |
|    | Yes. Did you acquire the property covered No Yes  | ed by the exemption within 1 | ,215 days before you filed this case?                           |

Doc 1

Desc Main

|         |                         |   | Document  | Page 17           | of 60                                     |                          |                   |
|---------|-------------------------|---|---|-------------------|---|--------------------------|-------------------|
| Filli   | in this inforn          | nation to identify you                  | ır case:  |                   |   |                          |                   |
| Deb     | tor 1                   | Carmalita Gipso                         | on  |                   |   |                          |                   |
| 200     |                         | First Name                              | Middle Name   | Last Name         |   | -                        |                   |
| Deb     |                         |   |   |                   |   |                          |                   |
| (Spou   | use if, filing)         | First Name                              | Middle Name   | Last Name         |   |                          |                   |
| Unit    | ed States Bar           | nkruptcy Court for the:                 | NORTHERN DISTRICT OF ILL  | INOIS             |   |                          |                   |
| Cas     | o numbor                |   |   |                   |   |                          |                   |
| (if kno | e number<br><sub></sub> |   |   |                   |   | ☐ Check                  | if this is an     |
|         |                         |   |   |                   |   |                          | led filing        |
|         |                         |   |   |                   |   |                          |                   |
| Offi    | cial Form               | n 106D                                  |   |                   |   |                          |                   |
| Sc      | hedule                  | D: Creditors                            | Who Have Claims   | Secured           | by Propert                                | у                        | 12/15             |
|         |                         |   | If two married people are filing togeth<br>out, number the entries, and attach it |                   |   |                          |                   |
|         | er (if known).          | , raamonan ago, min                     |   |                   | top o. a, aaao                            | pages,e year             |                   |
| 1. Do   | any creditors           | have claims secured by                  | y your property?  |                   |   |                          |                   |
| l       | ☐ No. Check             | this box and submit the                 | his form to the court with your other   | schedules. Yo     | ou have nothing else t                    | o report on this form.   |                   |
| ı       | Yes. Fill in            | all of the information                  | below.  |                   |   |                          |                   |
| Part    | 1 List Al               | I Secured Claims                        |   |                   |   |                          |                   |
|         |                         |   | more than one secured claim, list the cre   | editor senarately | Column A                                  | Column B                 | Column C          |
| for ea  | ach claim. If m         | ore than one creditor has               | a particular claim, list the other creditor                                       | s in Part 2. As   | Amount of claim                           | Value of collateral      | Unsecured         |
| much    | n as possible, li       | st the claims in alphabeti              | cal order according to the creditor's nam   | ne.               | Do not deduct the<br>value of collateral. | that supports this claim | portion<br>If any |
| 2.1     |                         | itle Loans                              | Describe the property that secures  | the claim:        | \$600.00                                  | \$1,625.00               | \$0.00            |
|         | Creditor's Name         |   | 1999 GMC Savana 170,000 r   | niles             |   |                          |                   |
|         |                         |   | NADA Value  |                   |   |                          |                   |
|         | 3751 W. 79              | 9th St.                                 | As of the date you file, the claim is:  | Check all that    |   |                          |                   |
|         | Chicago, I              |   | apply.  Contingent  |                   |   |                          |                   |
|         | Number, Street,         | City, State & Zip Code                  | ☐ Unliquidated  |                   |   |                          |                   |
|         |                         |   | ☐ Disputed  |                   |   |                          |                   |
| Who     | owes the de             | bt? Check one.                          | Nature of lien. Check all that apply.   |                   |   |                          |                   |
| ■ D     | ebtor 1 only            |   | An agreement you made (such as car loan)  | mortgage or sec   | ured                                      |                          |                   |
| _       | ebtor 2 only            |   | _   |                   |   |                          |                   |
| _       | ebtor 1 and De          | •                                       | ☐ Statutory lien (such as tax lien, me  | chanic's lien)    |   |                          |                   |
|         |                         | ne debtors and another aim relates to a | ☐ Judgment lien from a lawsuit  | Non-Purch         | ase Money Securi                          | fv                       |                   |
|         | community de            |   | Other (including a right to offset)   | - Iton-i urcin    | ase money securi                          | · y                      |                   |
| Date    | debt was incu           | ırred                                   | _ Last 4 digits of account num  | ber               |   |                          |                   |
|         | 1                       |   |   |                   |   |                          |                   |
| 2.2     | Santandei<br>  Usa      | r Consumer                              | Describe the property that secures  | the claim:        | \$21,903.00                               | \$14,775.00              | \$7,128.00        |
|         | Creditor's Name         | 9                                       | 2008 Lexus GS350 83,000 m   |                   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                          |                   |
|         |                         |   | NADA Value  |                   |   |                          |                   |
|         | Po Box 96               | 1245                                    | As of the date you file, the claim is: apply.                                     | Check all that    |   |                          |                   |
|         | Ft Worth,               | TX 76161                                | ☐ Contingent  |                   |   |                          |                   |
|         | Number, Street,         | City, State & Zip Code                  | ☐ Unliquidated  |                   |   |                          |                   |
|         |                         |   | ☐ Disputed  |                   |   |                          |                   |
| Who     | owes the de             | bt? Check one.                          | Nature of lien. Check all that apply.   |                   |   |                          |                   |
| _       | ebtor 1 only            |   | An agreement you made (such as car loan)  | mortgage or sec   | ured                                      |                          |                   |
| _       | ebtor 2 only            |   | _   |                   |   |                          |                   |
| _       | ebtor 1 and De          | •                                       | Statutory lien (such as tax lien, me  | chanic's lien)    |   |                          |                   |
|         |                         | ne debtors and another                  | Judgment lien from a lawsuit  | Purchase M        | lonev Security                            |                          |                   |
| -       | MICUR II KIIIS CI       | นเกราชเสรา เบ d                         | ( )ther (including a right to offect)   | . u. ulidət II    | TOTICY OCCUPILY                           |                          |                   |

community debt

## Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 18 of 60

| Debtor 1  | Carmalita                    | Gipson                                    |                                       |       | Case number (if I | (now)     |   |
|-----------|------------------------------|---|---------------------------------------|-------|-------------------|-----------|---|
|           | First Name                   | Middle Name                               | Last Name                             |       |                   |           |   |
| Date debt | was incurred                 | Opened<br>12/15 Last<br>Active<br>4/29/16 | Last 4 digits of account number       | 1000  |                   |           |   |
| Add the   | dollar value o               | f your entries in Columi                  | n A on this page. Write that number h | nere: | \$2               | 22,503.00 | 1 |
|           | the last page at number here |   | ollar value totals from all pages.    |       | \$2               | 22,503.00 |   |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                    | Case 17 10003 B   | Document  | Page 19         | a of 60                                | 5 Best Main                            |
|------------------------------------|---|---|-----------------|--|--|
| Fill in th                         | is information to identify your o   |   | 1 1100. 1.      | 7 (71 (7))                             |  |
| Debtor 1                           | Carmalita Gipson  |   |                 |  |  |
| Debioi i                           | First Name  | Middle Name   | Last Name       |  |  |
| Debtor 2                           |   |   |                 |  |  |
| (Spouse if,                        | filing) First Name  | Middle Name   | Last Name       |  |  |
| United S                           | tates Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILL  | INOIS           |  |  |
| Case nu                            | mber  |   |                 |  |  |
| (if known)                         |   |   |                 |  | ☐ Check if this is an                  |
|                                    |   |   |                 |  | amended filing                         |
| Officia                            | I Form 106E/F   |   |                 |  |  |
|                                    | lule E/F: Creditors W   | ho Have Unsecured   | Claims          |  | 12/15                                  |
|                                    |   |   |                 | Part 2 for creditors with NONPR        | IORITY claims. List the other party to |
| schedule<br>eft. Attacl<br>ame and | n the Continuation Page to this page<br>case number (if known).<br>—  | red by Property. If more space is n<br>e. If you have no information to rep | eeded, copy t   | he Part you need, fill it out, nur     | mber the entries in the boxes on the   |
| Part 1:                            | List All of Your PRIORITY Uns   |   |                 |  |  |
| _                                  | ny creditors have priority unsecured  | d claims against you?   |                 |  |  |
| _                                  | o. Go to Part 2.  |   |                 |  |  |
| ☐ Ye                               |   | V II  |                 |  |  |
| Part 2:                            |   |   |                 |  |  |
|                                    | ny creditors have nonpriority unsec   |   |                 |  |  |
| □ No                               | o. You have nothing to report in this pa  | art. Submit this form to the court with y                                   | our other sche  | dules.                                 |  |
| ■ Ye                               | es.   |   |                 |  |  |
| unsed                              | all of your nonpriority unsecured cla<br>cured claim, list the creditor separately<br>one creditor holds a particular claim, list | for each claim. For each claim listed,                                      | identify what t | ype of claim it is. Do not list claim: | s already included in Part 1. If more  |
|                                    |   |   |                 |  | Total claim                            |
| 4.1                                | Afni, Inc.  | Last 4 digits of acco   | unt number      | 8833                                   | \$1,142.00                             |
|                                    | Nonpriority Creditor's Name   |   |                 |  |  |
|                                    | Po Box 3097<br>Bloomington, IL 61702  | When was the debt   | incurred?       | Opened 12/14                           |  |
| 1                                  | Number Street City State Zlp Code   | As of the date you fi   | le, the claim i | s: Check all that apply                |  |
| ١                                  | Who incurred the debt? Check one.   |   |                 |  |  |
| - 1                                | Debtor 1 only   | ☐ Contingent  |                 |  |  |
| I                                  | Debtor 2 only   | ☐ Unliquidated  |                 |  |  |
| I                                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                 |  |  |
| I                                  | At least one of the debtors and ano   |   | TY unsecured    | l claim:                               |  |
| I                                  | $\square$ Check if this claim is for a comm   | nunity  |                 |  |  |
|                                    | lebt  |   |                 | ration agreement or divorce that y     | ou did not                             |
|                                    | s the claim subject to offset?  | report as priority clain  |                 | g plans, and other similar debts       |  |
|                                    | ■ No  | •   | •               | •                                      |  |
| l.                                 | ☐ Yes   | Other Specify   | collection /    | Attorney At T Mobility                 |  |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 20 of 60
Case number (if know)

| Debtor | 1 Carmalita Gipson   |   | Case number (if know)                         |                   |
|--------|--|---|---|-------------------|
| 4.2    | Americash Loans  | Last 4 digits of account number                               |   | \$700.00          |
|        | Nonpriority Creditor's Name<br>880 Lee St. #300                      | When was the debt incurred?                                   |   |                   |
|        | Des Plaines, IL 60016  Number Street City State Zlp Code             | As of the date you file, the claim                            | is: Check all that apply                      |                   |
|        | Who incurred the debt? Check one.                                    | 710 of the date you me, the claim                             | io. Oncor all that apply                      |                   |
|        | ■ Debtor 1 only  | ☐ Contingent  |   |                   |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |                   |
|        | _  | _ `   |   |                   |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                      | d claim:                                      |                   |
|        | At least one of the debtors and another                              | Student loans   | u ciaiii.                                     |                   |
|        | ☐ Check if this claim is for a community debt                        |   | aration agreement or divorce that you did not |                   |
|        | Is the claim subject to offset?                                      | report as priority claims                                     | aration agreement or divorce that you did not |                   |
|        | ■ No   | Debts to pension or profit-shari                              | ng plans, and other similar debts             |                   |
|        | Yes  | Other. Specify Payday Lo                                      | an  |                   |
| 4.3    | Central Furn   | Last 4 digits of account number                               | 8575  | \$742.00          |
|        | Nonpriority Creditor's Name  | _   |   |                   |
|        | 1348 N Milwaukee<br>Chicago, IL 60622                                | When was the debt incurred?                                   | Opened 2/02/12 Last Active 4/12/12            |                   |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim                            | is: Check all that apply                      |                   |
|        | Who incurred the debt? Check one.                                    |   |   |                   |
|        | Debtor 1 only  | ☐ Contingent  |   |                   |
|        | Debtor 2 only  | ☐ Unliquidated  |   |                   |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |   |                   |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                  | d claim:                                      |                   |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |                   |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a sep                              | aration agreement or divorce that you did not |                   |
|        | ■ No   | Debts to pension or profit-shari                              | ng plans, and other similar debts             |                   |
|        | Yes  | Other Specify Installmen                                      | t Sales Contract                              |                   |
| 4.4    | City of Chicago - Dept of Finance                                    | Last 4 digits of account number                               |   | \$1,200.00        |
|        | Nonpriority Creditor's Name  | When was the debt incurred?                                   |   | <b>+</b> 1,—20100 |
|        | Administrative Hearings 121 N LaSalle St 107A                        | When was the dept incurred?                                   |   |                   |
|        | Chicago, IL 60602  |   |   |                   |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                            | is: Check all that apply                      |                   |
|        | _  | _   |   |                   |
|        | Debtor 1 only  | Contingent  |   |                   |
|        | Debtor 2 only  | Unliquidated  |   |                   |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  | Later.  |                   |
|        | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                  | a ciaim:                                      |                   |
|        | ☐ Check if this claim is for a community                             | Student loans   |   |                   |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a sep<br>report as priority claims | aration agreement or divorce that you did not |                   |
|        | ■ No   | ☐ Debts to pension or profit-shari                            | ng plans, and other similar debts             |                   |
|        | ☐ Yes  | ■ Other Specify Parking Tie                                   | ckets   |                   |
|        |  | - Outlot. Opcomy  |   |                   |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 21 of 60

| ComEd Attn: Bkcy Group                         | Last 4 digits of account number                                |  | \$1,800.00 |
|--|--|--|------------|
| Nonpriority Creditor's Name 1919 Swift Dr      | When was the debt incurred?                                    |  |            |
| Oak Brook Terrace, IL 60523                    |  |  |            |
| Number Street City State Zlp Code              | As of the date you file, the claim i                           | is: Check all that apply                     |            |
| Who incurred the debt? Check one.              | _  |  |            |
| Debtor 1 only                                  | Contingent   |  |            |
| Debtor 2 only                                  | Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only                     | ☐ Disputed   |  |            |
| At least one of the debtors and another        | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
| Check if this claim is for a community         | ☐ Student loans  |  |            |
| debt<br>Is the claim subject to offset?        | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
| ⊒ Yes  | ■ Other. Specify Utilities                                     | 3 France, 2011                               |            |
|  |  |  |            |
| First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number                                | 2309   | \$551.00   |
| • •  |  | Opened 02/16 Last Active                     |            |
| 601 S Minnesota Ave<br>Sioux Falls, SD 57104   | When was the debt incurred?                                    | 3/28/16                                      |            |
| Number Street City State Zlp Code              | As of the date you file, the claim i                           | is: Check all that apply                     |            |
| Who incurred the debt? Check one.              | <b>,</b>   |  |            |
| Debtor 1 only                                  | ☐ Contingent   |  |            |
| Debtor 2 only                                  | ☐ Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only                     | ☐ Disputed   |  |            |
| At least one of the debtors and another        | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
| ☐ Check if this claim is for a community       | ☐ Student loans  |  |            |
| debt   |  | ration agreement or divorce that you did not |            |
| s the claim subject to offset?  ■ No           | report as priority claims  Debts to pension or profit-sharin   | a plane, and other similar debte             |            |
|  |  |  |            |
| Yes  | Other. Specify Credit Card                                     | <u> </u>                                     |            |
| Illinois Dept of Employment Securit            | Last 4 digits of account number                                |  | \$650.00   |
| Nonpriority Creditor's Name                    | Miles was the debt incomed?                                    |  | ·          |
| Bankruptcy Unit Collection<br>Subdivis         | When was the debt incurred?                                    | <del></del>                                  |            |
| 33 S State St 10th Floor                       |  |  |            |
| Chicago, IL 60603                              |  |  |            |
| Number Street City State ZIp Code              | As of the date you file, the claim i                           | is: Check all that apply                     |            |
| Who incurred the debt? Check one.              | _  |  |            |
| Debtor 1 only                                  | Contingent   |  |            |
| Debtor 2 only                                  | ☐ Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only                     | ☐ Disputed  Type of NONPRIORITY unsecured                      | d claim:                                     |            |
| At least one of the debtors and another        | Student loans  | u Claiii.                                    |            |
| ☐ Check if this claim is for a community debt  |  | ration agreement or divorce that you did not |            |
| Is the claim subject to offset?                | report as priority claims                                      | nation agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
| □ Yes  | ■ Other. Specify Overpayme                                     |  |            |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 22 of 60

| rmalita Gipson  | Case number (if know)   |            |
|---|---|------------|
| is Tollway Authority  | Last 4 digits of account number 9345  | \$0.00     |
| ority Creditor's Name<br>Legal Dept<br>Ogden Ave.<br>ners Grove, IL 60515 | When was the debt incurred?   |            |
| er Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
| ncurred the debt? Check one.  |   |            |
| otor 1 only   | ☐ Contingent  |            |
| otor 2 only   | ☐ Unliquidated  |            |
| otor 1 and Debtor 2 only  | ☐ Disputed  |            |
| east one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |            |
| eck if this claim is for a community                                      | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                                       |            |
| claim subject to offset?  | report as priority claims   |            |
|   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
| 8   | ■ Other. Specify Notice Only  |            |
| Busi Bur  | Last 4 digits of account number 3001  | \$135.00   |
| ority Creditor's Name Renaissance Dr Ridge, IL 60068                      | When was the debt incurred? Opened 01/14  |            |
| er Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
| otor 1 only   | ☐ Contingent  |            |
| otor 2 only   | ☐ Unliquidated  |            |
| otor 1 and Debtor 2 only  | ☐ Disputed  |            |
| east one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |            |
| eck if this claim is for a community                                      | ☐ Student loans   |            |
| claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                             |            |
| •   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
| 3   | ■ Other. Specify Collection Attorney Unimed Ltd Metrosouth  |            |
| ent   | Last 4 digits of account number 0130  | \$5.508.00 |
| ority Creditor's Name   | Last 4 digits of account number   | Ψο,ουο.υυ  |
| ox 9500<br>es Barre, PA 18773   | Opened 01/06 Last Active 4/15/08  |            |
| er Street City State Zlp Code ncurred the debt? Check one.                | As of the date you file, the claim is: Check all that apply   |            |
| otor 1 only   | ☐ Contingent  |            |
| otor 2 only   | ☐ Unliquidated  |            |
|   | ☐ Disputed  |            |
| otor 1 and Debtor 2 only  | - Disputed  |            |
| otor 1 and Debtor 2 only east one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |            |
| •   | •   |            |
| east one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |            |
| east one of the debtors and another eck if this claim is for a community  | Type of NONPRIORITY unsecured claim:  ■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not |            |

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 23 of 60

| Debio    | Carmailta Gipson  |   | Case number (if know)                        |            |
|----------|---|---|--|------------|
| 4.1<br>1 | Navient   | Last 4 digits of account number   | 0130   | \$3,090.00 |
|          | Nonpriority Creditor's Name  Po Box 9500  Wilkes Barre, PA 18773  | When was the debt incurred?   | Opened 01/06 Last Active 4/15/08             |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply                      |            |
|          | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not |            |
|          | □Yes  | Other. Specify  |  |            |
|          |   | Educationa  | <br>II                                       |            |
| 4.1      | Peoples Energy Nonpriority Creditor's Name Attn: Bankruptcy Dept 200 E Randolph St  | Last 4 digits of account number When was the debt incurred?   |  | \$0.00     |
|          | Chicago, IL 60601  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim i  | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No                                 | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin                            | ration agreement or divorce that you did not |            |
|          | ☐ Yes   | Other. Specify Notice Only  | /  |            |
| 4.1      | Rise Nonpriority Creditor's Name  | Last 4 digits of account number   | 4556   | \$4,808.00 |
|          | 4150 International Plaza<br>Fort Worth, TX 76109  | When was the debt incurred?   | Opened 10/18/16 Last Active 11/04/16         |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i  | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent  |  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa   | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?   | report as priority claims   | · ,  |            |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |
|          | Yes   | Other Specify Unsecured   |  |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

| Debtor 1  | Case 17-15609  | Doc 1 | Filed 05/19/17<br>Document  | Entered 05/19/17 12:48:15<br>Page 24 of 60<br>Case number (if know)   | Desc Main                     |  |  |  |
|---|--|-------|---|---|-------------------------------|--|--|--|
|   | re than one creditor for any of t<br>for any debts in Parts 1 or 2, do                     |       |   | , list the additional creditors here. If you do not h   | nave additional persons to be |  |  |  |
| PO Box  | sh Loans   |       | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |   |                               |  |  |  |
|   |  |       | Last 4 digits of account number   |   |                               |  |  |  |
| 111 W. J  | Address<br>Scott Harris<br>Jackson Ste 400<br>o, IL 60604                                  |       | On which entry in Part 1 or Line 4.4 of (Check one):  | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecu Part 2: Creditors with Nonpriority Uns                           |                               |  |  |  |
| Omcago  | , IL 00004   |       | Last 4 digits of account number   |   |                               |  |  |  |
| Name and Address AT & T Mobility Attn: Karen Cavagnaro, Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921 |  |       | On which entry in Part 1 or Line 4.1 of (Check one):  | r Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |                               |  |  |  |
| Dealini.  | 3161, 140 07 32 1  |       | Last 4 digits of account num  | umber   |                               |  |  |  |
| 121 N La  |  |       | On which entry in Part 1 or Line 4.4 of (Check one):  | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecu Part 2: Creditors with Nonpriority Uns                           |                               |  |  |  |
|   |  |       | Last 4 digits of account nun  | nber  |                               |  |  |  |
| Counsel<br>Attn: Sto<br>30 N Las  | Chicago Corporation  |       | On which entry in Part 1 or Line 4.4 of (Check one):  Last 4 digits of account num  | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecu Part 2: Creditors with Nonpriority Unsecu                        |                               |  |  |  |
| Attn: Ch  | Address<br>Chicago Dept of Law<br>Parles King<br>th LaSalle Street, Suite 6<br>1, IL 60602 | 00    |   | Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecu Part 2: Creditors with Nonpriority Unsecu                        |                               |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

|              |     |   |     | Total Claim    |
|--------------|-----|---|-----|----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00     |
| Total claims |     |   |     |                |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$<br>0.00     |
|              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$<br>0.00     |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$<br>0.00     |
|              |     |   |     |                |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                | 6e. | \$<br>0.00     |
|              |     |   |     |                |
|              |     |   |     | Total Claim    |
|              | 6f. | Student loans   | 6f. | \$<br>8,598.00 |
| Total claims |     |   |     |                |

Line 4.4 of (Check one):

Last 4 digits of account number

Name and Address

**Secretary of State** 

2701 S Dirksen Pkwy Springfield, IL 62723

Attn: Safety & Financial Resp

Entered 05/19/17 12:48:15 Case 17-15609 Filed 05/19/17 Desc Main Doc 1 Document

Page 25 of 60 Case number (if know) Debtor 1 Carmalita Gipson from Part 2 Obligations arising out of a separation agreement or divorce that 6g. 0.00 6g. you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 11,728.00 Total Nonpriority. Add lines 6f through 6i. 6j. 20,326.00

Official Form 106 E/F

|                     |                          | DOGUITIE          | ni Paue zo orou |  |
|---------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor  | rmation to identify your | case:             |                 |  |
| Debtor 1            | Carmalita Gipsor         | 1                 |                 |  |
|                     | First Name               | Middle Name       | Last Name       |  |
| Debtor 2            |                          |                   |                 |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |  |
| Case number         |                          |                   |                 |  |
| (if known)          |                          |                   |                 |  |

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | _                                       |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.3 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     |           |                                |   |                   |   |

|                                |  | Docume   | ent Page 27 d              | OT (b(l)                                |   |
|--------------------------------|--|--|----------------------------|---|---|
| Fill in this i                 | information to identify your                                   |  |                            |   |   |
| Debtor 1                       | Carmalita Gipsor   | 1  |                            |   |   |
|                                | First Name   | Middle Name  | Last Name                  |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name  | Last Name                  |   |   |
| United State                   | es Bankruptcy Court for the:                                   | NORTHERN DISTRICT                                    | OF ILLINOIS                |   |   |
|                                | . ,  |  |                            |   |   |
| Case numb<br>(if known)        | eer  |  |                            |   | ☐ Check if this is an   |
|                                |  |  |                            |   | amended filing  |
| Official                       | Form 106H  |  |                            |   |   |
|                                | ule H: Your Cod  | ebtors   |                            |   | 12/15   |
| <del>50110</del> 4             | alo II. I odi oda  | 001010   |                            |   | 12/13   |
| ill it out, an<br>our name     |  | boxes on the left. Attach<br>. Answer every question | the Additional Page t      | to this page. On the to                 | needed, copy the Additional Page,<br>p of any Additional Pages, write   |
| - I. DO y                      | ou have any codebiors: (II                                     | you are ming a joint case, t                         | do not list eltrier spouse | as a codebior.                          |   |
| ■ No<br>□ Yes                  |  |  |                            |   |   |
| Arizona<br>                    | a, California, Idaho, Louisiana                                |  |                            |   | ty states and territories include   |
| `                              | Go to line 3. Did your spouse, former spo                      | use, or legal equivalent live                        | e with you at the time?    |   |   |
|                                |  |  |                            |   |   |
| in line<br>Form 1              | 2 again as a codebtor only                                     | if that person is a guaran                           | tor or cosigner. Make      | sure you have listed t                  | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor ame, Number, Street, City, State and Z | IP Code  |                            | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                            |  |  |                            | ☐ Schedule D, lir                       | ne  |
|                                | Name   |  |                            | ☐ Schedule E/F,                         |   |
|                                |  |  |                            | ☐ Schedule G, lir                       | ne  |
|                                | Number Street  |  |                            | <u>—</u>                                |   |
| C                              | City   | State  | ZIP Code                   |   |   |
| 3.2                            |  |  |                            | ☐ Schedule D, lir                       | ne  |
|                                | Name   |  |                            | □ Schedule E, iii                       |   |
|                                |  |  |                            | ☐ Schedule G, lir                       |   |
| N                              | Number Street  |  |                            | _                                       |   |
| C                              | City   | State  | ZIP Code                   |   |   |

# Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 28 of 60

| E:II        | :  |  |                       |             |       | ı  |   |                                    |          |
|-------------|--|--|-----------------------|-------------|-------|--|---|------------------------------------|----------|
|             | in this information to identify your btor 1 Carmalita  |  |                       |             |       |  |   |                                    |          |
| De          | btor 2   | <u> </u>   |                       |             | _     |  |   |                                    |          |
|             | ited States Bankruptcy Court for the   | ne: NORTHERN DISTRIC                                     | CT OF ILLINOIS        |             |       |  |   |                                    |          |
| Ca:         | se number nown)  fficial Form 106I   |  | -                     |             | _     |  | led filing<br>nent showire<br>as of the f | ng postpetition<br>following date: |          |
|             | chedule I: Your Inc  | rome   |                       |             |       | ואואו / ואוואו                                   | 1111                                      |                                    | 12/1     |
| spo<br>atta | plying correct information. If youse. If you are separated and you has separate sheet to this form  It 1: Describe Employment information. | our spouse is not filing w<br>. On the top of any additi | ith you, do not inclu | ide infori  | mati  | on about your s <sub>l</sub><br>I case number (i | oouse. If m<br>f known). A                | ore space is                       | needed,  |
|             | If you have more than one job,   |  | ☐ Employed            |             |       | ☐ Emp  |   | 3 1                                |          |
|             | attach a separate page with information about additional employers.  | Employment status  | ■ Not employed        |             |       | ·  | employed                                  |                                    |          |
|             | Include part-time, seasonal, or self-employed work.  | Occupation Employer's name                               |                       |             |       |  |   |                                    |          |
|             | Occupation may include studen or homemaker, if it applies.   | Employer's address                                       |                       |             |       |  |   |                                    |          |
|             |  | How long employed t                                      | here?                 |             |       |  |   |                                    |          |
| Pa          | rt 2: Give Details About M   | onthly Income  |                       |             |       |  |   |                                    |          |
|             | imate monthly income as of the use unless you are separated.   | date you file this form. If                              | you have nothing to r | eport for   | any   | line, write \$0 in th                            | e space. In                               | clude your no                      | n-filing |
|             | ou or your non-filing spouse have re<br>e space, attach a separate sheet   |  | ombine the informatio | n for all e | emplo | oyers for that pers                              | son on the l                              | ines below. If                     | you need |
|             |  |  |                       |             |       | For Debtor 1                                     |   | ebtor 2 or<br>ling spouse          |          |
| 2.          | List monthly gross wages, sa deductions). If not paid monthly  |  |                       | 2.          | \$    | 0.00   | \$  | N/A                                | -        |
| 3.          | Estimate and list monthly over   | rtime pay.   |                       | 3.          | +\$   | 0.00   | +\$                                       | N/A                                | -        |
| 4.          | Calculate gross Income. Add  | line 2 + line 3.   |                       | 4.          | \$    | 0.00   | \$  | N/A                                |          |

# Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 29 of 60

| Debto | r 1                               | Carmalita Gipson  | -    | C          | ase       | number (if known) |             |                    |            |          |
|-------|-----------------------------------|---|------|------------|-----------|-------------------|-------------|--------------------|------------|----------|
|       |                                   |   |      |            |           | Debtor 1          | non-f       | Debtor<br>filing s | pouse      |          |
| ,     | Cop                               | y line 4 here   | 4.   |            | \$_       | 0.00              | \$          |                    | N/A        | -        |
| 5.    | List                              | all payroll deductions:   |      |            |           |                   |             |                    |            |          |
| ,     | 5a.                               | Tax, Medicare, and Social Security deductions   | 5a   | a.         | \$        | 0.00              | \$          |                    | N/A        |          |
| ,     | 5b.                               | Mandatory contributions for retirement plans  | 5b   | ).         | \$_       | 0.00              | \$          |                    | N/A        | -        |
| ;     | 5c.                               | Voluntary contributions for retirement plans  | 50   | <b>)</b> . | \$        | 0.00              | \$          |                    | N/A        | -        |
|       | 5d.                               | Required repayments of retirement fund loans  | 50   |            | \$        | 0.00              | \$          |                    | N/A        | _        |
|       | 5e.                               | Insurance   | 5e   |            | \$        | 0.00              | \$          |                    | N/A        | =        |
|       | 5f.                               | Domestic support obligations  | 5f.  |            | \$_       | 0.00              | \$          |                    | N/A        |          |
|       | 5g.<br>5h.                        | Union dues Other deductions. Specify:   | 5g   | ,          | \$_<br>\$ | 0.00              | , <b>\$</b> |                    | N/A<br>N/A | -        |
|       |                                   | · · · · · · · · · · · · · · · · · · ·   |      |            | Ψ_        |                   |             |                    |            | -        |
|       |                                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |            | \$<br>_   | 0.00              | \$          |                    | N/A        | -        |
| 7.    | Cal                               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   | ;          | \$        | 0.00              | \$          |                    | N/A        |          |
|       | List<br>8a.                       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                   |      |            | •         |                   |             |                    |            |          |
|       | O.L.                              | monthly net income.   | 88   |            | \$_       | 0.00              | \$          |                    | N/A        |          |
|       | 8b.<br>8c.                        | Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent   | 8b   | ).         | \$_       | 0.00              | \$          |                    | N/A        | -        |
| •     | ос.                               | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80   |            | \$        | 0.00              | \$          |                    | N/A        | -        |
|       | 8d.                               | Unemployment compensation   | 80   |            | \$_       | 899.17            | \$          |                    | N/A        | -        |
|       | 8e.                               | Social Security   | 86   | €.         | \$        | 516.00            | \$          |                    | N/A        | -        |
|       | 8f.                               | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Link | 8f.  |            | \$        | 435.00            | \$          |                    | N/A        | -        |
|       | 8g.                               | Pension or retirement income  Other mentally income Specify: Tay Refunds  | 86   | ,          | \$_       | 0.00              | —           |                    | N/A        | -        |
| ,     | 8h.                               | Other monthly income. Specify: Tax Refunds  | _ 01 | 1.+        | Φ_        | 666.67            | + J         |                    | N/A        | -        |
| 9.    | Add                               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$         | _         | 2,516.84          | \$          |                    | N/A        | <b>\</b> |
| 10    | Cald                              | culate monthly income. Add line 7 + line 9.   | 10.  | \$         |           | 2,516.84 + \$     |             | N/A                | = \$       | 2,516.84 |
|       |                                   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | Ψ_         |           | 2,310.04          |             | 17/                | _          | 2,310.04 |
| 11.   | Stat<br>Included<br>Other<br>Door | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:     | depe |            |           |                   |             | chedule<br>11.     |            | 0.00     |
| ,     |                                   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |      |            |           |                   |             | 12.                | \$         | 2,516.84 |
|       | Do <u>y</u>                       | you expect an increase or decrease within the year after you file this form'  | ?    |            |           |                   |             |                    |            | y income |

Official Form 106I Schedule I: Your Income page 2

# Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 30 of 60

| Fill       | in this informat            | tion to identify yo                | our case:              |  |  |             |                   |   |
|------------|-----------------------------|------------------------------------|------------------------|--|--|-------------|-------------------|---|
| Deb        | otor 1                      | Carmalita Gi                       | ipson                  |  |  | Ch          | eck if this is:   |   |
| Dob        | otor 2                      |                                    | •                      |  |  |             | An amended filing | ving postpotition shorter                     |
|            | ouse, if filing)            |                                    |                        |  |  |             |                   | wing postpetition chapter the following date: |
| Unit       | ed States Bankr             | uptcy Court for the                | : NORTH                | ERN DISTRICT OF ILLIN  | OIS                                    |             | MM / DD / YYYY    |   |
| Cas        | e number                    |                                    |                        |  |  |             |                   |   |
| (If k      | nown)                       |                                    |                        |  |  |             |                   |   |
| O          | fficial Fo                  | rm 106J                            |                        |  |  |             |                   |   |
| S          | chedule                     | J: Your                            | Exper                  | nses   |  |             |                   | 12/1  |
| Be<br>info | as complete a               | and accurate as                    | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this                    |  |             |                   |   |
| Par<br>1.  | t 1: Descr                  | ibe Your House                     | hold                   |  |  |             |                   |   |
| ١.         | No. Go to                   |                                    |                        |  |  |             |                   |   |
|            |                             |                                    | in a separ             | ate household?   |  |             |                   |   |
|            | □ No                        | 0                                  |                        |  |  |             |                   |   |
|            | □ Ye                        | es. Debtor 2 mus                   | st file Offici         | al Form 106J-2, Expenses   | for Separate House                     | ehold of De | ebtor 2.          |   |
| 2.         | Do you have                 | dependents?                        | □ No                   |  |  |             |                   |   |
|            | Do not list De<br>Debtor 2. | ebtor 1 and                        | ■ Yes.                 | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you?                 |
|            | Do not state                | the                                |                        |  |  |             |                   | □ No  |
|            | dependents i                | names.                             |                        |  | Daughter                               |             |                   | ■ Yes<br>□ No                                 |
|            |                             |                                    |                        |  | Son                                    |             | 19                | ■ Yes   |
|            |                             |                                    |                        |  |  |             |                   | □ No  |
|            |                             |                                    |                        |  | Son                                    |             | 21                | Yes   |
|            |                             |                                    |                        |  |  |             |                   | □ No  |
| 3.         | Do your exp                 | enses include                      |                        | No   |  |             |                   | ☐ Yes   |
|            | expenses of                 | people other t<br>your depende     | han _                  | Yes  |  |             |                   |   |
| Est        | imate your ex               |                                    | our bankr              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                   |   |
| the        |                             | n assistance an                    |                        | government assistance i<br>cluded it on <i>Schedule I:</i> \               |  |             | Your exp          | enses   |
| 4.         |                             | r home owners<br>d any rent for th |                        | ses for your residence. I<br>or lot.                                       | nclude first mortgag                   | e<br>4.     | \$                | 415.00  |
|            | If not includ               | ed in line 4:                      |                        |  |  |             |                   |   |
|            | 4a. Real e                  | state taxes                        |                        |  |  | 4a.         | \$                | 0.00  |
|            | •                           | ty, homeowner's                    |                        |  |  | 4b.         |                   | 0.00  |
|            |                             |                                    | •                      | upkeep expenses  |  | 4c.         |                   | 0.00  |
| 5          |                             | owner's associat                   |                        | dominium dues<br><b>our residence.</b> such as ho                          | me equity loans                        | 4d.<br>5.   | ·                 | 0.00  |

## Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 31 of 60

| Deb | tor 1 Carmalita Gipson   | Case num     | nber (if known) |          |
|-----|--|--------------|-----------------|----------|
| 6.  | Utilities:   |              |                 |          |
| ٥.  | 6a. Electricity, heat, natural gas   | 6a.          | \$              | 102.00   |
|     | 6b. Water, sewer, garbage collection   | 6b.          | \$              | 0.00     |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$              | 65.00    |
|     | 6d. Other. Specify:  | 6d.          | \$              | 0.00     |
| 7.  | Food and housekeeping supplies   | 7.           | \$              | 629.00   |
| 8.  | Childcare and children's education costs   | 8.           | \$              | 0.00     |
| 9.  | Clothing, laundry, and dry cleaning  | 9.           | \$              | 100.00   |
| 10. | Personal care products and services  | 10.          | \$              | 100.00   |
| 11. | Medical and dental expenses  | 11.          | \$              | 100.00   |
| 12. | Transportation. Include gas, maintenance, bus or train fare.   |              | _               | 470.00   |
|     | Do not include car payments.   | 12.          | ·               | 178.00   |
|     | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | · -             | 25.00    |
|     | Charitable contributions and religious donations   | 14.          | \$              | 40.00    |
| 15. | Insurance.   |              |                 |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance   | 15a.         | ¢               | 0.00     |
|     | 15b. Health insurance  | 15a.<br>15b. | ·               | 0.00     |
|     |  |              |                 | 0.00     |
|     | 15c. Vehicle insurance   | 15c.<br>15d. |                 | 212.00   |
| 40  | 15d. Other insurance. Specify:   | 150.         | Ф               | 0.00     |
|     | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   | 16.          | \$              | 0.00     |
| 17. | Installment or lease payments:   |              |                 |          |
|     | 17a. Car payments for Vehicle 1  | 17a.         | · ·             | 0.00     |
|     | 17b. Car payments for Vehicle 2  | 17b.         | ·               | 0.00     |
|     | 17c. Other. Specify:   | 17c.         | ·               | 0.00     |
|     | 17d. Other. Specify:   | 17d.         | \$              | 0.00     |
| 18. | Your payments of alimony, maintenance, and support that you did not report as  |              | \$              | 0.00     |
| 10  | deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you. | 10.          | \$              | 0.00     |
| 15. | Specify:   | 19.          | Ψ               | 0.00     |
| 20  | Other real property expenses not included in lines 4 or 5 of this form or on Sche  |              | our Income      |          |
| 20. | 20a. Mortgages on other property   | 20a.         |                 | 0.00     |
|     | 20b. Real estate taxes   | 20b.         |                 | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c.         | · ·             | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.         |                 | 0.00     |
|     | 20e. Homeowner's association or condominium dues   | 20e.         | \$              | 0.00     |
| 21. |  |              | +\$             | 0.00     |
|     |  |              |                 | 0.00     |
| 22. | Calculate your monthly expenses  |              |                 |          |
|     | 22a. Add lines 4 through 21.   |              | \$              | 1,966.00 |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$              |          |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.  |              | \$              | 1,966.00 |
| 23. | Calculate your monthly net income.   |              |                 |          |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | \$              | 2,516.84 |
|     | 23b. Copy your monthly expenses from line 22c above.   | 23b.         | -\$             | 1,966.00 |
|     | 23c. Subtract your monthly expenses from your monthly income.  |              | •               | EE0.04   |
|     | The result is your monthly net income.   | 23c.         | \$              | 550.84   |

#### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor currently lives with family. Her rent will increase to \$800 per month when she returns to work and her transportation expenses will increase.

## Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 32 of 60

| Fill in this inform                | ation to identify your                          | case:   |   |                     |  |
|------------------------------------|---|---|---|---------------------|--|
| Debtor 1                           | Carmalita Gipson                                |   |   |                     |  |
| Dahtan 0                           | First Name                                      | Middle Name   | Last Name   |                     |  |
| Debtor 2<br>(Spouse if, filing)    | First Name                                      | Middle Name   | Last Name   |                     |  |
| United States Ban                  | kruptcy Court for the:                          | NORTHERN DISTRICT                                   | OF ILLINOIS   |                     |  |
| Case number(if known)              |   |   |   |                     | Check if this is an amended filing                       |
| Official Form                      |   |   |   | _                   |  |
| <u>Declarati</u>                   | on About a                                      | ın Individual                                       | <b>Debtor's Schedu</b>  | les                 | 12/15  |
| You must file this obtaining money | form whenever you fi<br>or property by fraud in | le bankruptcy schedules<br>n connection with a bank | nsible for supplying correct inforn<br>or amended schedules. Making a<br>ruptcy case can result in fines up | false statement, co |  |
| years, or both. 18                 | U.S.C. §§ 152, 1341, 1                          | 519, and 3571.                                      |   |                     |  |
| Sign                               | Below   |   |   |                     |  |
| Did you pay                        | or agree to pay some                            | one who is NOT an attori                            | ney to help you fill out bankruptcy   | forms?              |  |
| ■ No                               |   |   |   |                     |  |
| ☐ Yes. Na                          | ame of person                                   |   |   |                     | etition Preparer's Notice,<br>nature (Official Form 119) |
|                                    |   |   |   |                     |  |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Signature of Debtor 2

Date

that they are true and correct.

X /s/ Carmalita Gipson

Carmalita Gipson Signature of Debtor 1

Date May 19, 2017

# Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 33 of 60

| Fill in           | this inform  | ation to identify you                       | r case:                                    |   |  |   |  |  |
|-------------------|--|---|--|---|--|---|--|--|
| Debtor            | r 1  | Carmalita Gipso                             | n  |   |  |   |  |  |
|                   |  | First Name                                  | Middle Name                                | Last Name   |  |   |  |  |
| Debtor<br>(Spouse |  | First Name                                  | Middle Name                                | Last Name   |  |   |  |  |
| United            | l States Ban   | kruptcy Court for the:                      | NORTHERN DISTRICT (                        | OF ILLINOIS   |  |   |  |  |
|                   |  | , ,   |  |   |  |   |  |  |
| (if known         | number   |   |  |   | _  | Check if this is an mended filing                     |  |  |
|                   |  |   |  |   |  |   |  |  |
| Offic             | cial For   | <u>m 107</u>                                |  |   |  |   |  |  |
| State             | ement  | of Financial                                | Affairs for Individ                        | duals Filing for B  | ankruptcy  | 4/10  |  |  |
| inform            | ation. If mo   | ore space is needed,<br>). Answer every que | attach a separate sheet to                 | this form. On the top of any  | equally responsible for sup                                    |   |  |  |
| 1. W              | hat is your  | current marital statu                       | ıs?  |   |  |   |  |  |
|                   | l Married  |   |  |   |  |   |  |  |
|                   | Not marr   | ied   |  |   |  |   |  |  |
| 2. Du             | uring the last 3 years, have you lived anywhere other than where you live now? |   |  |   |  |   |  |  |
|                   | l No   | No  |  |   |  |   |  |  |
|                   | Yes. List  | all of the places you I                     | ived in the last 3 years. Do no            | ot include where you live now   | <b>'</b> .   |   |  |  |
| D                 | ebtor 1 Price  | or Address:                                 | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:   | Dates Debtor 2<br>lived there                         |  |  |
|                   |  |   |  |   | ity property state or territory<br>co, Texas, Washington and W |   |  |  |
|                   | l <sub>No</sub>  |   |  |   |  |   |  |  |
|                   | Yes. Mak   | ke sure you fill out Scl                    | hedule H: Your Codebtors (O                | fficial Form 106H).   |  |   |  |  |
| Part 2            | Explain  | the Sources of You                          | r Income                                   |   |  |   |  |  |
| Fil               | ll in the total  | amount of income yo                         | u received from all jobs and a             | ng a business during this yeall businesses, including partetogether, list it only once ur |  | ndar years?   |  |  |
|                   | l No   |   |  |   |  |   |  |  |
|                   | Yes. Fill i  | n the details.                              |  |   |  |   |  |  |
|                   |  |   | Debtor 1                                   |   | Debtor 2   |   |  |  |
|                   |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                     | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |
|                   | st calendar<br>ary 1 to Dec  | year:<br>cember 31, 2016 )                  | ■ Wages, commissions, bonuses, tips        | \$23,831.00   | ☐ Wages, commissions, bonuses, tips                            |   |  |  |
|                   |  |   | ☐ Operating a business                     |   | ☐ Operating a business   |   |  |  |

Official Form 107

Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Page 34 of 60 Document Case number (if known)

Debtor 1 Carmalita Gipson

|  | Debtor 1                                   |  | Debtor 2                                   |   |  |
|--|--|--|--|---|--|
|  | Sources of income<br>Check all that apply. | <b>Gross income</b> (before deductions and exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |
| For the calendar year before that:<br>January 1 to December 31, 2015 ) | ■ Wages, commissions, bonuses, tips        | \$13,925.00  | ☐ Wages, commissions, bonuses, tips        |   |  |
|  | ☐ Operating a business                     |  | ☐ Operating a business                     |   |  |

Did you receive any other income during this year or the two previous calendar years?

Debtor 1

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor 2

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

|   | DEDIOI I                             |   | Deploi 2                             |   |
|---|--------------------------------------|---|--------------------------------------|---|
|   | Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Social Security                      | \$2,064.00  |                                      |   |
|   | Link                                 | \$1,740.00  |                                      |   |
|   | Unemployment<br>Compensation         | \$2,697.50  |                                      |   |
| For last calendar year:<br>(January 1 to December 31, 2016)             | Social Security                      | \$6,192.00  |                                      |   |
|   | Link                                 | \$0.00  |                                      |   |
| For the calendar year before that: (January 1 to December 31, 2015)     | Social Security                      | \$6,192.00  |                                      |   |
|   | Link                                 | \$0.00  |                                      |   |
|   |                                      |   |                                      |   |

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

 $\square$  No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Document Page 35 of 60 ase number (if known) Debtor 1 Carmalita Gipson Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Amount you Insider's Name and Address Dates of payment **Total amount** Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 3

Case 17-15609

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Doc 1

Filed 05/19/17

Entered 05/19/17 12:48:15

Desc Main

Debtor 1 Carmalita Gipson Document Page 36 of 60 Case number (if known)

| Pai | t 5: List Certain Gifts and Contribution   | s   |   |                          |  |  |  |
|-----|--|---|---|--------------------------|--|--|--|
| 13. | Nithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No  Yes. Fill in the details for each gift.      |   |   |                          |  |  |  |
|     | Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and Address:   | · ·   | Dates you gave the gifts                | Value                    |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No                          |   |   |                          |  |  |  |
|     | ☐ Yes. Fill in the details for each gift or of Gifts or contributions to charities that it more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | otal Describe what you contributed  | Dates you contributed                   | Value                    |  |  |  |
| Pai | t 6: List Certain Losses   |   |   |                          |  |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?  No   | ptcy or since you filed for bankruptcy, did you lose any  | thing because of the                    | ft, fire, other disaster |  |  |  |
|     | Yes. Fill in the details.  |   |   |                          |  |  |  |
|     | Describe the property you lost and how the loss occurred   | <b>Describe any insurance coverage for the loss</b> Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss                       | Value of property lost   |  |  |  |
| Pai | t 7: List Certain Payments or Transfers  | 3   |   |                          |  |  |  |
| 16. | consulted about seeking bankruptcy or  | ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? preparers, or credit counseling agencies for services require                       |   | rty to anyone you        |  |  |  |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |   |   |                          |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not \  | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment        |  |  |  |
|     | Gleason & Gleason<br>77 W Washington, Ste 1218<br>Chicago, IL 60602<br>http://chilawyers.com   |   | 5/12/2017                               | \$350.00                 |  |  |  |
|     | Summit Financial Education Inc<br>4800 E Flower St<br>Tucson, AZ 85712<br>http://www.summitfe.org  | Credit Counselling  | 05/2017                                 | \$14.95                  |  |  |  |

Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Case 17-15609 Page 37 of 60
Case number (if known) Document

Debtor 1 Carmalita Gipson

| <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or trappromised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> |  | r transfer any proper  | ty to anyone who              |                 |  |   |
|---|--|--|-------------------------------|-----------------|--|---|
|   | Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Person Who Was Paid<br>Address   | Description and variansferred  | alue of any prope             | erty            | Date payment or transfer was made                    | Amount of payment                             |
| 18. Within 2 years before you filed for bankruptcy, did you transferred in the ordinary course of your business or Include both outright transfers and transfers made as secuinclude gifts and transfers that you have already listed on the  |  | usiness or financial affa<br>ade as security (such as                    | airs?<br>the granting of a se |                 | erty to anyone, other                                |   |
|   | ☐ Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Person Who Received Transfer<br>Address  | Description and very property transfer                                   |                               |                 | any property or received or debts change             | Date transfer was made                        |
|   | Person's relationship to you   |  |                               |                 |  |   |
| 19.   | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  |  | y property to a se            | elf-settled tru | ıst or similar device o                              | of which you are a                            |
|   | Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Name of trust  | Description and v  | alue of the prope             | erty transferr  | ed   | Date Transfer was made                        |
| Par   | t 8: List of Certain Financial Accounts, Ins   | struments, Safe Deposi   | t Boxes, and Stor             | age Units       |  |   |
| 20.   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |  |                               |                 |  |   |
|   | Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number  | Type of accoun instrument     | clo<br>mo       | te account was<br>sed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other cash, or other valuables?   |  | t box or other deposi  | tory for securities,          |                 |  |   |
|   | ■ No   |  |                               |                 |  |   |
|   | Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | escribe the     | contents   | Do you still have it?                         |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  | y?   |                               |                 |  |   |
|   | ■ No   |  |                               |                 |  |   |
|   | Yes. Fill in the details.  |  |                               |                 |  |   |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or l<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | escribe the     | contents   | Do you still have it?                         |
|   |  | •  |                               |                 |  |   |

Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Case 17-15609 Page 38 of 60 Case number (if known) Document

Debtor 1 Carmalita Gipson

| Par | t 9: Identify Property You Hold or Control for S  | Someone Else   |         |                                     |                      |  |  |
|-----|---|--|---------|-------------------------------------|----------------------|--|--|
| 23. | Do you hold or control any property that someofor someone.  | ne else owns? Include any prop   | erty y  | ou borrowed from, are storing for,  | or hold in trust     |  |  |
|     | No  |  |         |                                     |                      |  |  |
|     | Yes. Fill in the details.   |  |         |                                     |                      |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)  | De      | scribe the property                 | Value                |  |  |
| Par | t 10: Give Details About Environmental Informa  | ition  |         |                                     |                      |  |  |
| For | the purpose of Part 10, the following definitions a   | apply:   |         |                                     |                      |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances. | r, land, soil, surface water, grou                                       | _       | •                                   |                      |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | •  | al law, | whether you now own, operate, o     | r utilize it or used |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s   | mental law defines as a hazardo  | us wa   | ste, hazardous substance, toxic s   | ubstance,            |  |  |
| Rep | ort all notices, releases, and proceedings that yo  | u know about, regardless of wh   | en the  | ey occurred.                        |                      |  |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liab  | le und  | der or in violation of an environme | ntal law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |         |                                     |                      |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice       |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |  |         |                                     |                      |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |         |                                     |                      |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State &<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice       |  |  |
| 26. | Have you been a party in any judicial or adminis  | trative proceeding under any en  | viron   | mental law? Include settlements a   | nd orders.           |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |         |                                     |                      |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na      | ture of the case                    | Status of the case   |  |  |
| Par | t 11: Give Details About Your Business or Con   | nections to Any Business   |         |                                     |                      |  |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | lid you own a business or have a   | any of  | the following connections to any    | business?            |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |         |                                     |                      |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |         |                                     |                      |  |  |
|     | ☐ A partner in a partnership  |  |         |                                     |                      |  |  |
|     | □ An officer, director, or managing executive of a corporation  |  |         |                                     |                      |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |         |                                     |                      |  |  |

Entered 05/19/17 12:48:15 Case 17-15609 Doc 1 Filed 05/19/17 Page 39 of 60 Document ase number (if known) Debtor 1 Carmalita Gipson No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carmalita Gipson Signature of Debtor 2 **Carmalita Gipson** Signature of Debtor 1 Date May 19, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

# This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

# Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 44 of 60

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In r | e Carmalita Gipson  |  | Case No.             |                                    |    |
|------|---|--|----------------------|------------------------------------|----|
|      |   | Debtor(s)                              | Chapter              | 13                                 |    |
|      | DISCLOSURE OF COMPE   | NSATION OF ATTOR                       | NEY FOR DE           | BTOR(S)                            |    |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | ng of the petition in bankruptcy,      | or agreed to be paid | to me, for services rendered or to | )  |
|      | For legal services, I have agreed to accept   |  | \$                   | 4,000.00                           |    |
|      | Prior to the filing of this statement I have received   |  | \$                   | 350.00                             |    |
|      | Balance Due   |  | \$                   | 3,650.00                           |    |
| 2.   | \$0.00 of the filing fee has been paid.   |  |                      |                                    |    |
| 3.   | The source of the compensation paid to me was:  |  |                      |                                    |    |
|      | ■ Debtor □ Other (specify):   |  |                      |                                    |    |
| 4.   | The source of compensation to be paid to me is:   |  |                      |                                    |    |
|      | ■ Debtor □ Other (specify):   |  |                      |                                    |    |
|      | \ <b>1</b>  |  |                      |                                    |    |
| 5.   | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person u      | inless they are memb | pers and associates of my law firm | n. |
|      | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrow of the same of the s |  |                      |                                    |    |
| 6.   | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects    | of the bankruptcy ca | ase, including:                    |    |
|      | <ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, stat</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul>   | ement of affairs and plan which        | may be required;     |                                    |    |
| 7.   | By agreement with the debtor(s), the above-disclosed fee  | e does not include the following       | service:             |                                    |    |
|      |   | CERTIFICATION                          |                      |                                    |    |
|      | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | y agreement or arrangement for         | payment to me for re | epresentation of the debtor(s) in  |    |
| ľ    | May 19, 2017  | /s/ Julie Gleason                      |                      |                                    |    |
| 1    | Date  | Julie Gleason 627                      |                      |                                    |    |
|      |   | Signature of Attorney Gleason & Gleaso |                      |                                    |    |
|      |   | 77 W Washington                        | , Ste 1218           |                                    |    |
|      |   | Chicago, IL 60602<br>(312) 578-9530 Fa |                      |                                    |    |
|      |   | troy@chicagobk.c                       |                      | •                                  |    |
|      |   | Name of law firm                       |                      |                                    |    |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

## THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

# THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

# D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

    Petition preparation
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

# E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

# F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$23.00 for expenses, leaving a balance due for the filing fee of \$310.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: /May 12, 2017

Signed

Carmalita Gipson

Sulle Glosson 6273536

Meaghan Do

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Americash Loans 880 Lee St. #300 Des Plaines, IL 60016

Americash Loans PO Box 184 Des Plaines, IL 60016

Arnold Scott Harris 111 W. Jackson Ste 400 Chicago, IL 60604

AT & T Mobility Attn: Karen Cavagnaro, Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921

Central Furn 1348 N Milwaukee Chicago, IL 60622

City of Chicago Attn: Mayor Rahm Emanuel 121 N LaSalle, #507 Chicago, IL 60602

City of Chicago - Dept of Finance Administrative Hearings 121 N LaSalle St 107A Chicago, IL 60602

City of Chicago Corporation Counsel Attn: Stephen Patton 30 N LaSalle St, Room 700 Chicago, IL 60602

City of Chicago Dept of Law Attn: Charles King 121 North LaSalle Street, Suite 600 Chicago, IL 60602 ComEd Attn: Bkcy Group 1919 Swift Dr Oak Brook Terrace, IL 60523

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603

Illinois Tollway Authority Attn: Legal Dept 2700 Ogden Ave. Downers Grove, IL 60515

Med Busi Bur 1460 Renaissance Dr Park Ridge, IL 60068

Midwest Title Loans 3751 W. 79th St. Chicago, IL 60652

Navient Po Box 9500 Wilkes Barre, PA 18773

Navient Po Box 9500 Wilkes Barre, PA 18773

Peoples Energy Attn: Bankruptcy Dept 200 E Randolph St Chicago, IL 60601

Rise 4150 International Plaza Fort Worth, TX 76109

# Case 17-15609 Doc 1 Filed 05/19/17 Entered 05/19/17 12:48:15 Desc Main Document Page 53 of 60

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Secretary of State Attn: Safety & Financial Resp 2701 S Dirksen Pkwy Springfield, IL 62723

# **United States Bankruptcy Court** Northern District of Illinois

| In re | Carmalita Gipson                           |   | Case No.                     |               |  |  |
|-------|--|---|------------------------------|---------------|--|--|
|       |  | Debtor(s)   | Chapter 13                   |               |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |   |                              |               |  |  |
|       |  | Number of C   | Creditors:                   | 22            |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                 | ors is true and correct to t | he best of my |  |  |
| Date: | May 19, 2017                               | /s/ Carmalita Gipson Carmalita Gipson Signature of Debtor |                              |               |  |  |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

# (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

    Petition preparation
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

# F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$23.00 for expenses, leaving a balance due for the filing fee of \$310.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: May 19, 2017                     |                            |
|--|----------------------------|
| Signed:                                |                            |
| /s/ Carmalita Gipson                   | /s/ Julie Gleason          |
| Carmalita Gipson                       | Julie Gleason 6273536      |
|  | Attorney for the Debtor(s) |
| Debtor(s)                              |                            |
| Do not sign this agreement if the amou | unts are blank.            |

**Local Bankruptcy Form 23c**